orm DS-764		<del></del>	DATE	:
DEPARTMENT OF STATE REQUEST FOR INFORMATION			May 25,	1960
го:	*	FROM:	^	1
\	nav	SY/T	- Mr. Shea	
CIA - NAME CH	ECK	DATE OF BIRTH	PLACE OF BIRTH	
FULL NAME OF PERSON OR FIRM				1.5
HERCZEG, Karl L., Dr.		1924		Acres 1
LIASES AND HICKNAMES		RACE	SEX	
		2	Male	*
NODRESS	<u> </u>	OCCUPATION	EMPLOYER	22
		-		1.31
TYPE OF INFORMATION DESIRED  All information	CITIZENSHIP STATUS	NAT. CERT. NO.	MARITAL STATUS	
Derogatory				<u> </u>
TAME OF ORGANIZATION		HEADQUARTERS ADDRESS	,	
ica v	OSTENSIBLE PURPOSE			<del></del>
REPLY	OSTERIORE TOTAL OCC		•	1
Material attached			<u> </u>	<u>.</u>
☐ No record	NAMES OF LEADERS OR SPONSORS	OR AFFILIATED ORGANIZATION		
No derogatory information	, , ,			
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Other .	<u> </u>	·		:
ADDITIONAL INFORMATION -				1
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